An outstanding experience for every patient



Annual General Meeting

25 September 2017

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Responsive

Friendly



Nick Marsden Chairman



Responsive



Agenda



- 1. Introduction and Welcome
- 2. Annual Report 2016/17
- 3. Annual Accounts and Audit Opinion 2016/17
- 4. Right Care @ Right Place Clinical Context
- 5. Council of Governors report to members
- 6. Questions and Answers

Dr Nick Marsden, Chairman

Cara Charles-Barks, Chief Executive Lisa Thomas, Director of Finance

Andy Hyett, Chief Operating Officer Dr Stuart Henderson, Acute Physician

Sir Raymond Jack, Lead Governor

Dr Nick Marsden, Chairman

Annual Report 2016/17



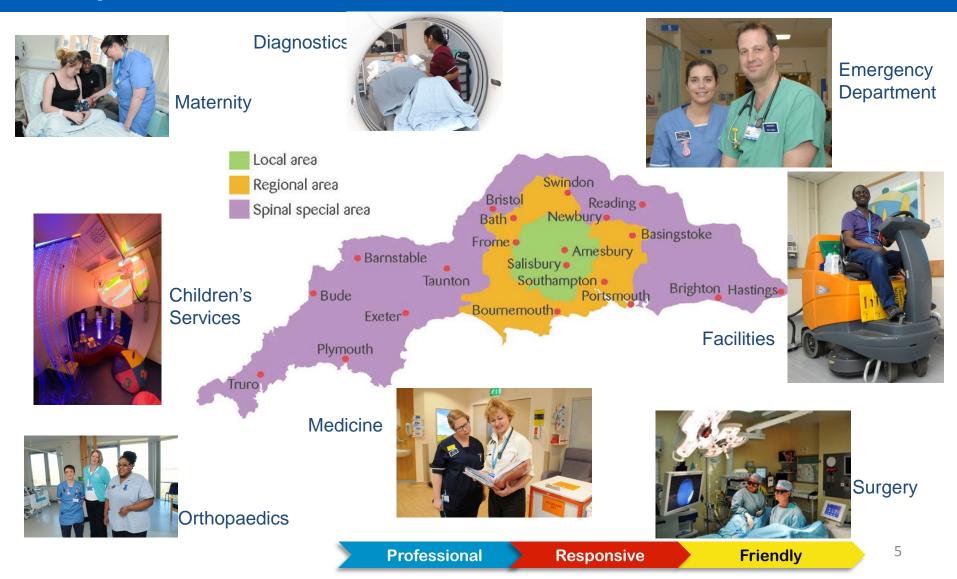
Cara Charles-Barks Chief Executive





District General Hospital Services





Regional Specialist Services





Supra-Regional Spinal Services

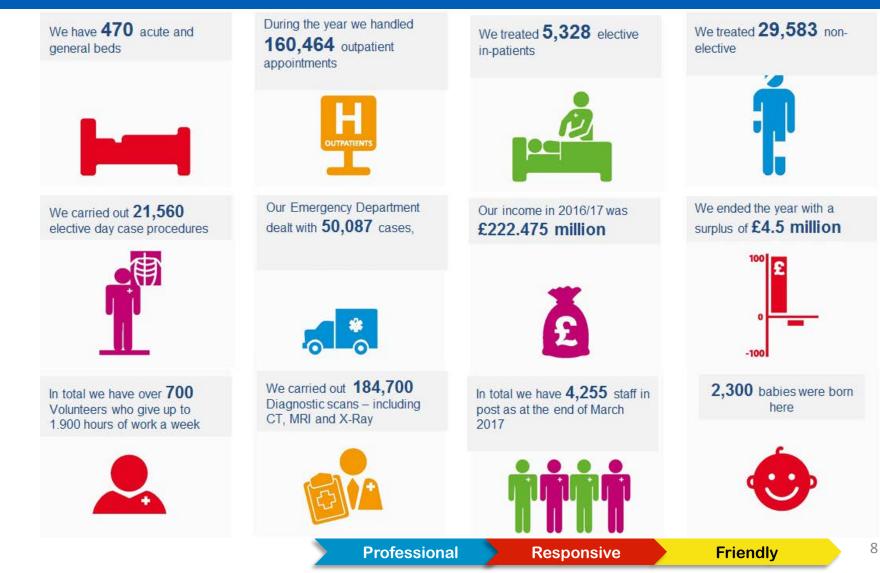






Trust Performance 2016/17





Trust Performance 2016/2017

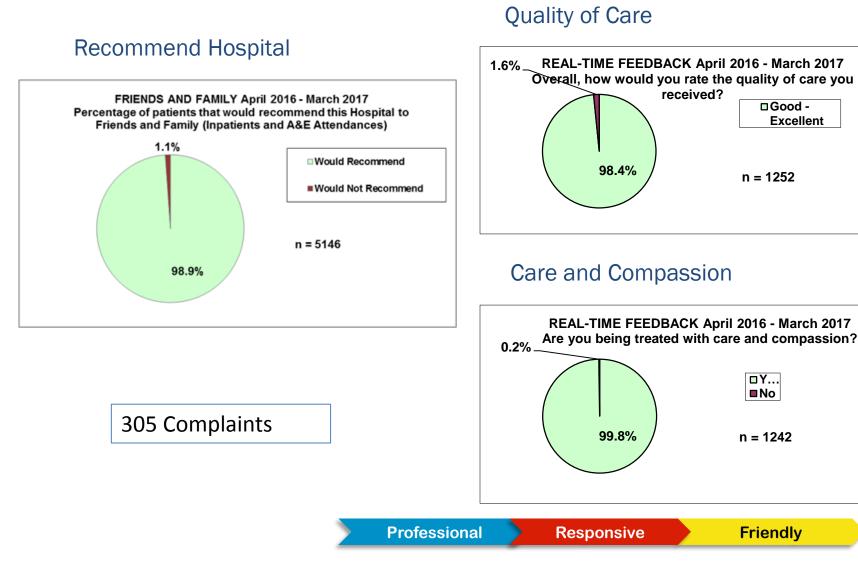


4 hour wait in A&F 18 week incomplete MRI scan 6 week wait CT scan 6 week wait Cancelled ops c. Cancer 2 week wait 62 day wait for treatment C. Difficile (Hospital Acquired) **MRSA** Bactaeremia

90.8% (target 95%) 91.4% (target 92%) 96% (target 100%) 100% (target 100%) 1.18% to update 93.5% (target 93%) 85.7% (85%) **13 (No more than 19)** 0 (0)

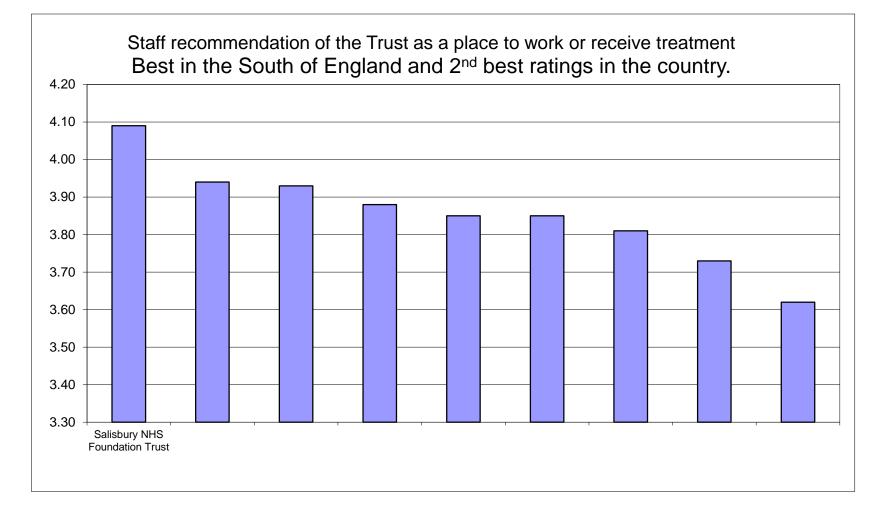
What Our Patients Say





What Our Staff Say





Achievements: Trust





Breast Unit



Unicef Award for Maternity



PEAT scores



Engage Queen's Award



SDH Team in major national research



My Trusty



Achievements: Individual



Pride in Practice



Anna Woodman



Britford ward



Emma Ward



Spinal nurse



Research administrator

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Contribution of Patients, Public, Volunteers and Governors



Patients and Public Involvement:

 Patients Involved in over 30 projects – using patient stories, focus groups and Real Time Feedback

Volunteers:

- Over 700 volunteers give over 1,900 hours a week of extra support, helping on wards and departments, acting as guides and supporting one off projects
- Other volunteers: cover all types of work and includes, Stars Appeal, ArtCare, League of Friends, Horatio's Garden, Engage and Pets as Therapy

Governors:

- 27 Governors (Public, Staff and Nominated) representing over 17,200 members
- Link with membership, statutory duties, support services and sample patient experience

Our Focus for 2016/17



Challenges:

- Workforce recruitment of skilled groups
- Financial challenges
- Developing services so that we can work more closely with our community partners

Areas for improvement:

- Continue to reduce falls resulting in fracture or serious harm
- When our patients die what can we learn?
- Patient flow through our hospital



Lisa Thomas Director of Finance



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At a glance

Met our planned control total



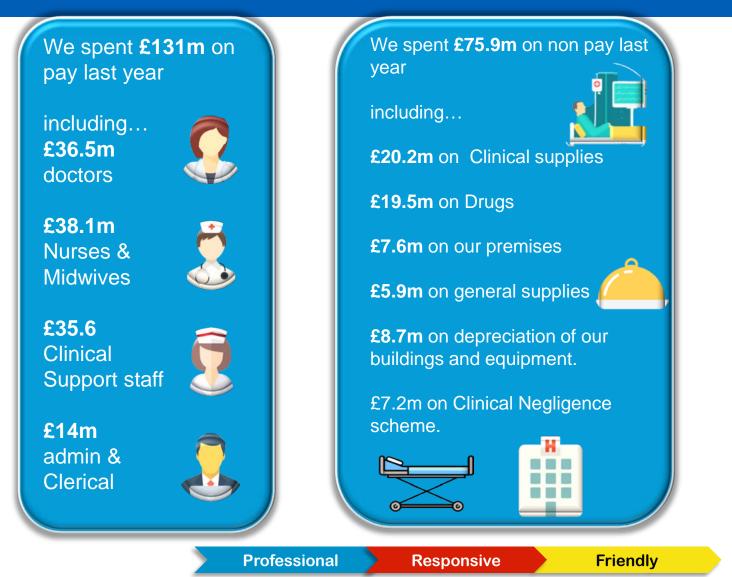
- Received £7.8m from the sustainability and Transformation Fund including a bonus.
- Delivered £8m savings
- Spent £12.7m on capital on buildings, equipment and digital programmes.
- Unqualified audit opinion





Group Income and Expenditure Account		
	2016-17 £000	2015-16 £000
Income:		
From clinical activities Other operating income	189,215 33,260	181,554 23,366
Total Operating Income	222,475	204,920
Operating Expenses	(212,435)	(206,067)
Operating Surplus/(Deficit)	10,040	(1,147)
Finance income	188	229
Public Dividend Capital payable	(3,714)	(3,650)
Other finance costs	(1,974)	(1,949)
Retained surplus /(Deficit) for the year	4,540	(6,517)
Revaluation gains (+) /losses (-) on assets	1,309	(1,111)
Fair value gains (+)/ losses (+) on investments	761	(205)
Total surplus/(Deficit)	6,610	(7,833)
Retained surplus /(Deficit) for the year for SFT only	4,540	(6,313)
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Over the last year we have invested more than £12.7m in SFT.

- Medical equipment £1.7m
- ✓ Ward upgrades and improvements £1.9m
- Building works £2.7m
- Digital systems & technology £1.5m
- Electronic patient record £3.6m
- Ophthalmology department development £1.3m

Looking ahead: 2017/18 and beyond



- Challenging financial position in 2017/18 and into the future.
- Planned deficit of £7m, which includes delivering £8.5m savings.
- Financial improvement programme launch "Outstanding Every Time".

Responsive

• Investing with charity support in maintaining and improving our estate and equipment, including:

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- Additional MRI, upgrades to wards
- Preparing for major redevelopment





Right Care @ Right Place

Andy Hyett Chief Operating Officer





Background

- Site changes being planned to prepare for next winter
- Reduce the number of short term escalation beds in clinical areas
- Stream and manage emergency and elective patients more effectively

Proposed Changes

- Re-remodelling of medical ward footprint
- Re-remodelling orthopaedic/plastic surgery and burns ward templates
- Expanding our Acute Medical Unit (AMU)
- Introducing a short stay surgical unit
- A new area for ophthalmology outpatients, freeing up space on level 3 to create more ward accommodation







We want to improve the care and experience of our patients and these changes should enable us to:

- Care for patients in the right environment
- Reduce the number of times patients are moved
- Reduce cancellations
- Reduce the impact on areas such as the Day Surgery Unit, the Endoscopy Unit and the Pembroke Suite.



Project 1



July 2017

- Laverstock Ward merges with Amesbury, Chilmark wards and Burns Unit
- Winterslow Ward moves to former Laverstock Ward
- Farley Stroke Unit moves to former Winterslow Ward

Aug – Nov 2017

• Major refurbishment of former Farley Stroke Unit for expanded AMU

Nov – Dec 2017

- Whiteparish Ward/AMU moves to new AMU
- Breamore Ward moves to former Whiteparish Ward
- Short Stay Surgical Unit created in former Breamore Ward



Project 2 (dates to be confirmed)



Late September

• Ophthalmology OPD moves to new unit. Operational from 2nd October

Nov – March 2018(TBC)

 Major refurbishment of former Ophthalmology OPD L3 for Pembroke Ward/Suite

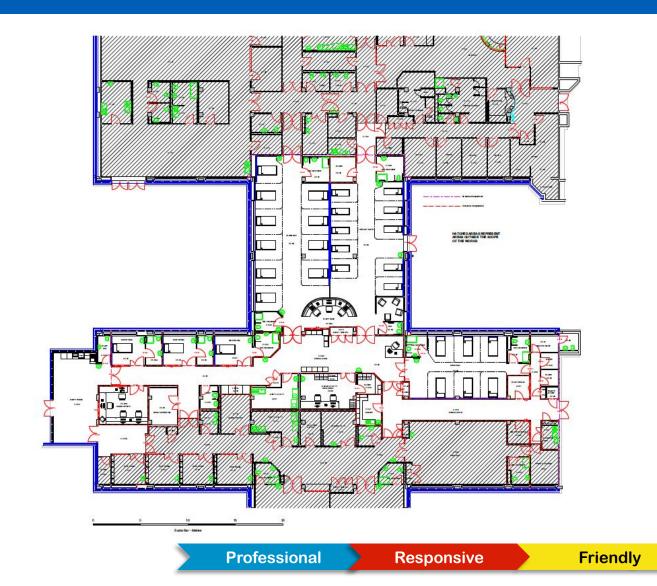
Q4. (TBC)

- Pembroke Ward and Suite move to new accommodation L3
- Medical Ward created in former Pembroke Ward/Suite L2



Acute Medical Unit





Ophthalmology Department





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Clinical context

Dr Stuart Henderson Consultant Physician and Clinical Director for Medicine

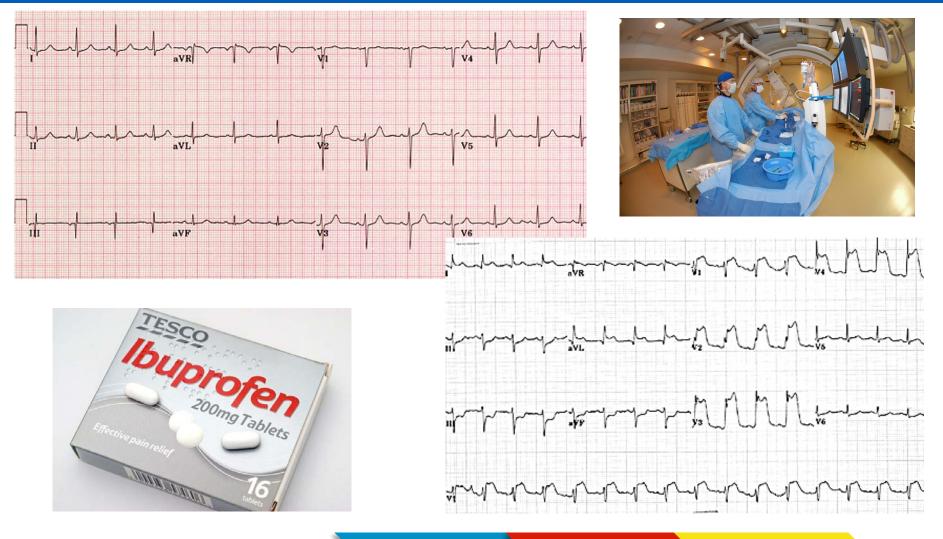


Medicine		Surgery
	Salisbury NHS Foundation Trust	
Musculoskeletal		Child and Family









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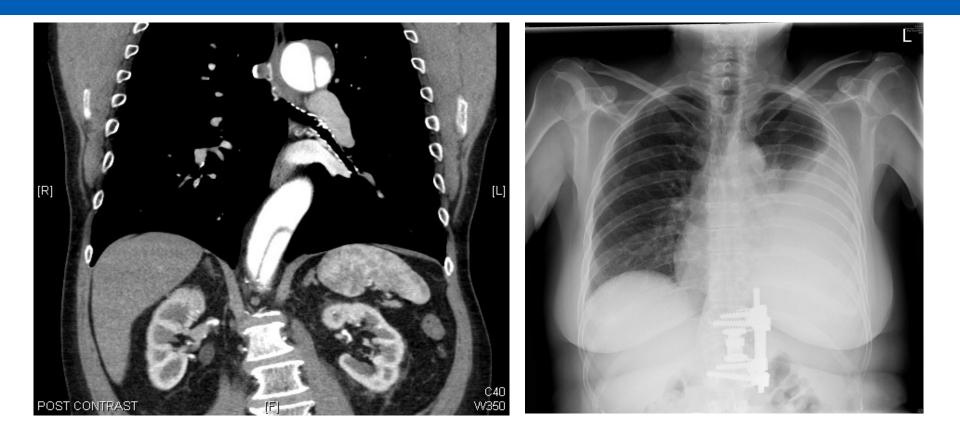
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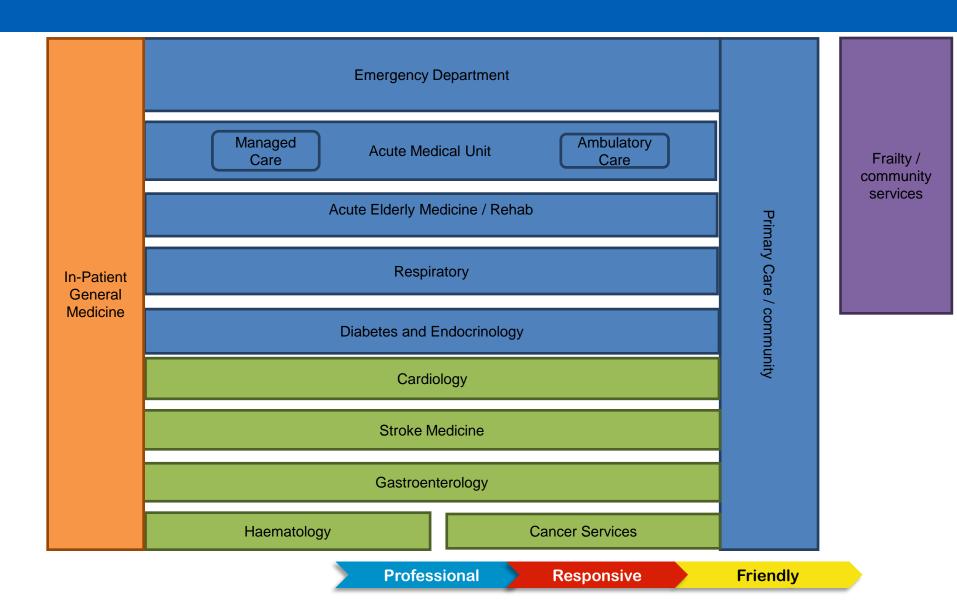






Medical Directorate





Bed distribution



Ward / Unit	Approximate Beds (% total capacity)	% of Patients
Acute Medical Unit	20 (10%)	50%
Elderly	50 (25%)	25%
Specialties (gastro / cardio / resp / endo / stroke / haem / oncology)	150 (65%)	25%

- Changing face of medical training
- Length of stay / turnover
- Generalism vs specialism



Outcome



- Performance at the 'front door' is challenging
- More people are being looked after in the wrong place by the 'wrong' people
- Specialists doing more general work (and less specialist work)
- People are staying longer
- Quality is harder to maintain
- Impact on the wider hospital is enormous





Bigger Porch

More general medicine





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Medical Directorate – future Vision



Emergency Department			
In-Patient General	Managed Care Acute Medical Unit Ambulatory Care Acute Elderly Medicine		Pri
Medicine			Primary Care / community
Diabetes and Endocrinology		services	commu
Cardiology]	inity
Stroke Medicine			
Gastroenterology			
	Haematology Cancer Services		
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Better AMU capacity

- Front door streaming
- Ambulatory care
- Managed care
- Co-located Acute Elderly / Frailty Unit
- Front door access

• Enhanced General Medical Capacity

- More people seen by the right person in the right place
- Specialists doing more of what only they can do
- Better care for more people reflecting current and future healthcare needs



Questions and Answers



